


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90036 009 ***150.00

DOCUMENT # 398771 1. Entity Name GREENBRIAR REALTY #1, INC.					
Principal Place of Business 311 S. SECOND ST. FT PIERCE, FL 34950 US			Mailing Address P O BOX 1270 FT PIERCE, FL 34954		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1554274	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRIFFIN, CHESTER B 311 S. 2ND ST. FT. PIERCE, FL 34950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				SIGNATURE _____ DATE _____	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEILL, RICHARD V 311 SOUTH SECOND STREET FT PIERCE, FL 0,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Neill, Richard V. 311 South Second Street Fort Pierce, FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIFFIN, CHESTER B. 311 SOUTH SECOND ST FT PIERCE, FL 00000,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Griffin, Chester B. 311 South Second Street Fort Pierce, FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NEILL, RICHARD V 311 SOUTH SECOND ST FORT PIERCE, FL 34954	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Neill, Richard V., Jr. 311 South Second Street Fort Pierce, FL 34954	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAINERY, J. STERLIN 311 SOUTH SECOND STREET FORT PIERCE, FL 34954	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tierney, J. Stephen 311 South Second Street Fort Pierce, FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, MICHAEL D 311 SO. 2ND ST. FT. PIERCE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tierney, J. Stephen 311 South Second Street Fort Pierce, FL 34950	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, MICHAEL D 311 SO. 2ND ST. FT. PIERCE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tierney, J. Stephen 311 South Second Street Fort Pierce, FL 34950	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Charles B. Griffin</u> <u>2/14/05</u> <u>772-464-8200</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50015892



02102005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1554274

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____